

FORM 2  
COVER SHEET

FEB 5 2016

OFFICE OF THE CLERK

U.S. COURT OF FEDERAL CLAIMS

**In The United States Court of Federal Claims**

## Cover Sheet

Plaintiff(s) or Petitioner(s)

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If this is a multi-plaintiff case, pursuant to RCFC 20(a), please attach an alphabetized, numbered list of all plaintiffs.

Name of the attorney of record (See RCFC 83.1(c)): \_\_\_\_\_

Firm Name: \_\_\_\_\_

Contact information for pro se plaintiff/petitioner or attorney of record:

Post Office Box: \_\_\_\_\_ **16-183 C**

Street Address: \_\_\_\_\_

City-State-ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is the attorney of record admitted to the Court of Federal Claims Bar? ☐ Yes ☐ NoDoes the attorney of record have a Court of Federal Claims ECF account? ☐ Yes ☐ No

If not admitted to the court or enrolled in the court's ECF system, please call (202) 357-6402 for admission papers and/or enrollment instructions.

Nature of Suit Code: ☐ ☐ ☐

Select only one (three digit) nature-of-suit code from the attached sheet.

If number 213 is used, please identify partnership or partnership group. If numbers 118, 134, 226, 312, 356, or 528 are used, please explain.

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Agency Identification Code: ☐ ☐ ☐

See attached sheet for three-digit codes.

Amount Claimed: \$ \_\_\_\_\_

Use estimate if specific amount is not pleaded.

## Disclosure Statement:

Is a RCFC 7.1 Disclosure Statement required? ☐ Yes ☐ No

If yes, please note that two copies are necessary.

## Bid Protest:

Indicate approximate dollar amount of procurement at issue: \$ \_\_\_\_\_

Is plaintiff a small business? ☐ Yes ☐ No

## Vaccine Case:

Date of Vaccination: \_\_\_\_\_

## Related Cases:

Is this case directly related to any pending or previous case? ☐ Yes ☐ No

If yes, you are required to file a separate notice of directly related case(s). See RCFC 40.2.